

**EXTRAMARITAL SEXUAL AFFAIRS' CRITICAL ROLE IN THE
TRANSMISSION OF HIV AMONG MARRIED COUPLES: THE CASE OF
SINGIDA MUNICIPALITY**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK
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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation entitled, **Extramarital Sexual Affairs' Critical Role in the Transmission of HIV Infections among Married Couples: The Case of Singida Municipality**, in partial fulfillment of the requirements for the Degree of Masters of Social Work (MSW) of the Open University of Tanzania.

.....

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.....

Date

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DECLARATION

I, **Jeddy Kuyenga Mzungu**, do hereby declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other university or higher institution of learning for a similar or any other degree award.

.....

Signature

.....

Date

DEDICATION

This work is dedicated to my beloved parents: my mother Wakuru Wakihumo and father Mtika Mzungu Wanyamwanga for bringing me up as a potential academician.

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ABSTRACT

This study investigated the extramarital sexual affairs' critical role in the transmission of HIV infection among married couples. The study mainly focused on factors influencing extramarital sexual affairs, the consequences of HIV infection among married couples and their families and proposed measures to sensitize communities on the maladies of extramarital affairs. The study took on a qualitative case study design. Purposive sampling techniques were used whereby 50 respondents were recruited and interviewed. In-depth interviews were used for the collection of data. Data were qualitatively analyzed thematically using Nvivo QDA computer software package. The study has revealed that human behavior, poverty, matrimonial conflicts, alcoholism, sexual dissatisfaction, staying away from partner for a long time and polygamy were the main factors which led to extramarital sexual affairs. The study identified that when couples are infected with the virus there is a great chance for increased mother to child HIV transmission, poverty, psychological and emotional problems, family disintegrations, increase in new HIV cases in the society, increased street children due to death of parents and reduction of man power. Further, the study recommends that premarital counseling services, social and behavioral change communication programs and poverty reduction interventions can help to reduce this problem. It was again suggested that establishment of anti-adultery laws, community health education on HIV infection in marriages, and anti-alcoholism policies can help to reduce extramarital sexual affairs and decrease the rate of HIV infection among married couples.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral Treatment
CD4	Cluster of Differentiation
CDC	Centre for Disease Control
CTC	Care and Treatment Clinic
HIV	Human Immunodeficiency Virus
MDGs	Millennium Development Goals
MSW	Masters of Social Work
NACP	National Aids Control Program
NBS	National Bureau of Statistics
PHSDP	Primary Health Services Development Program
PLWHA	People living with HIV/AIDS
SADC	Southern African Development Community
SBCC	Social and Behavior Change Communication
TACAIDS	Tanzania Commission for AIDS
THMIS	Tanzania HIV and AIDS and Malaria Indicator Survey
UNAIDS	United Nations AIDS
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the Problem

Studying diseases and health care services around the world and in the nation offers insights on its management and control in any Nation (Kandall, 2001). Reports from the World Health Organization indicates that Acquired Immuno Deficiency Syndrome (AIDS) caused by Human Immuno Deficiency Virus (HIV) is one of the serious and fatal new disease which to date has no specific and permanent cure. HIV/AIDS is currently the major social problem around the world, Tanzania in particular (WHO, 1997).

Since its inception in the 1980s, the HIV/AIDS pandemic has been seen by many people, including medical personnel and non medical personnel as a disease of unmarried people and, consequently, many preventive strategies have focused on premarital and extra-marital sex infections. Bachelors, spinsters, the youth and the prostitutes have been the major targets of most researchers on the dynamics of HIV transmissions.

Due to these hypotheses, most of the HIV prevention programs have been designed purposely to target the key sexually active population and singles, excluding married couples. A research done by Maharaj et al on the perceptions of individuals towards this new disease has revealed that most Societies in Sub Sahara Africa consider wedded couples at low risk of being infected with HIV, and married people themselves regard HIV as a foreign disease (Maharaj and Cleland, 2005). Marriage is

considered by many people to be safer and protective; hence it is common in Tanzania for people to decide to get married or are advised by parents to get married as soon as possible in order to avoid premarital multiple sexual relationships that can expose them to STIs and HIV infection (Sultana et al, 1990).

HIV transmission in Tanzania as for many countries in Africa is changing its direction and more people in marriage are being infected. Higher numbers of couples are living with the virus than before and more others will be infected in future, if the current trend of transmission remains unchecked (UNAIDS 2006). Large proportion of couples among people infected with HIV in Tanzania seems to relate with marriage life; that in Tanzania marriage appears to put couples in high risk of HIV infections.

Reports on HIV pandemic by the World Health Organization has shown that there were approximately 35 million people worldwide living with HIV/AIDS in 2013". Of these, 3.2 million were children under fifteen years old. Further, this report said that there were an estimated number of 2.1 million individuals worldwide became newly infected with HIV in 2013. This includes over 240,000 children. Most of these children live in sub-Saharan Africa and were infected by their HIV+ mothers during pregnancy, childbirth or breastfeeding (WHO AIDS report, 2013).

WHO annual HIV report informs that Sub-Saharan Africa is the most affected region, with 24.7 million people living with HIV in 2013. This report shows further that about seventy one percent of all people who are living with HIV in the world live in this region. This report concluded that HIV is the world's leading infectious

killer and an estimated number of 39 million people have died since the first cases were reported in 1981 (ibid).

Tanzania Health Management Information System (2007–2008), indicates that about 5.7% of Tanzanian adults aged 15–49 years were infected with HIV. According to National HIV and AIDS response report of 2013 showed that, an estimated 1,411,829 million Tanzanians are living with HIV, of whom approximately 28% are children (0-14 years) and 11.2% are young people aged 15-24 years (Spectrum estimates 2013). HIV transmission in Tanzania is predominantly by heterosexual mode (80%), followed by vertical transmission (about 18%) and medical transmission (1.8%). Available data in Tanzania indicates that while HIV prevalence is generally at decrease, 8 regions namely Ruvuma, Kagera, Kigoma, Rukwa, Mtwara, Kilimanjaro, Singida and Arusha have recorded an increase (National HIV and AIDS Health Sector Research and Evaluation Agenda, 2011-2015).

The current evidence published by the National Aids Control Porogram in Tanzania has shown that HIV transmission among married couples in Tanzania is still on the increase despite government, non-governmental organizations and religious institutions efforts to fight the pandemic (NACP, 2012, 2013). HIV prevalence among married couples has increased by 6% compared to non-married individuals 2%. This marks married couples to pose high risk in HIV transmission.

Research conducted by Wabwire in Uganda indicated that married couples are severely affected with HIV infection due to unfaithful behavior of practicing sex out of their marriages without using condoms (Wabwire, 2009). According to Wabwire

individuals are not faithful to their marriages and risk themselves into HIV infection. It was indicated by various HIV/AIDS reports that about 73.1% of married couples are having sex out of their marriages and only 26.9% are faithful to their marital partners, a situation which poses them to HIV infection (THMIS, 2012, 2013). Due to these facts, the researcher decided to conduct a research in Singida Municipality in order to find out the social factors that contribute or influence extramarital sexual affairs among married couples leading to this high spread of HIV transmission among them.

1.2 Statement of the Problem

Tanzania HIV/AIDS and malaria Indicator Survey (2011-12) statistics showed that, the prevalence of HIV among married couples is high by 6% compared to non married which were 2%. Tanzania National AIDS control Program (2012 &2013) reported that, the HIV prevalence is highest among women and men who are living together (married or cohabitating) while women and men who have never been married or cohabitating are least HIV-positive.

In 2006, a Joint United Nations Programme on HIV/AIDS (UNAIDS) and Southern African Development Community (SADC) group of experts concluded that high rates of concurrent or overlapping sexual partnerships, combined with low rates of male circumcision and infrequent condom use, are major drivers of the AIDS epidemic in southern Africa (UNAIDS, 2006).

The 2011-12 Tanzania HIV/AIDS and Malaria Indicator Survey (THMIS) report identified that among couples where both partners were tested for HIV, 5% were

discordant, which means one partner is HIV-positive and the other is not. HIV prevalence is highest among women and men who are widowed and divorced/separated. Women and men who have never been married are least likely to be HIV-positive (THMIS, 2012, 2013).

HIV transmission among married couples in Tanzania is still on the increase despite government, nongovernmental organizations and religious institutions efforts to fight the pandemic. The Tanzania National AIDS control Program has reported that among other factors, extramarital sexual affairs have been coined as a leading factor for HIV transmission among married couples (NACP, 2012, 2013). The issue of extramarital sexual affairs imposes married couples into high risk of acquiring HIV infection and marks a strange picture among married couples and the society at large. Since the teachings from most of religions insist on being faithful to one's marriage, then married couples were not expected to have such high percentage of extramarital sex affairs leading then prone to HIV infection.

Given the potential effects of extramarital sexual relations on the HIV epidemic as supported by most of the research findings visited above, it is crucial that we explore the factors that induce or influence married individuals to engage in these affairs in Singida Municipality as a case study area.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of this study was to investigate the extramarital sexual affairs' critical role in increasing the rate of HIV transmission among married couples.

1.3.2 Specific Objectives

- (i) To explore factors influencing extramarital sexual affairs among married couples;
- (ii) To determine the consequences of HIV infection among married couples; and
- (iii) To suggest solutions to reduce extramarital sexual behaviors among married couples.

1.4 Research Questions

Through in depth interview, the researcher asked the following questions;

- (i) What are the factors influencing extramarital sexual activities among married couples?
- (ii) What are the consequences of HIV infection among married couples' family?
- (iii) What solutions (measures) should be taken to prevent extramarital sexual behavior among married couples?

1.5 Significance and Justification of the Study

The research intended to reveal the factors that influence extramarital sexual activities among married couples, a situation which lead to increased rate of HIV infection among them. The study was expected to be of much value for a number of various reasons. The findings of this study will help management and or decision makers like NACP, TACAIDS and other organs responsible for HIV/AIDS prevention and management to appreciate the factors responsible for influencing extramarital sexual affairs among married couples hence design relevant and realistic strategies, policies and or programs to fight against this killer disease because

information is power. Also the findings of this study will help researchers to identify viable areas for further research. Again, it will be used as an additional reference to other researchers on this issue. More specifically, the study is done to enable the research to fulfill the requirement for the degree of Master of Social Work of the Open University of Tanzania.

1.6 Limitation of the Study

Only 50 participants were interviewed due to time limit. The research managed to cover only those individuals attended at Singida Regional Hospital CTC services, other PLWHA from other health care facilities in Singida municipality were not involved in the study to give their views given the limitations of time and financial constraints. Only one data collection method which is in-depth interview was employed due to the nature of the issue under research.

1.7 Delimitation of the Study

The delimitations of a study are those characteristics that limit the scope (define the boundaries) of the inquiry as determined by the conscious exclusionary and inclusionary decisions that were made throughout the development of the proposal (Kothari, 2004). This study covered only People living with HIV/AIDS (PLWHA). The research was conducted in Singida Municipality involving only HIV/AIDS patients attended at care and treatment clinic at Singida Regional Hospital. Purposive sampling technique was used for identifying research participants. In-depth interview was used for data collection.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature which bearing to the topic. It presents the definition of key terms as used in this study, the theoretical literature review, empirical literature review and conceptual framework. The chapter further presents research gap.

2.2 Definition of Terms

2.2.1 Marriage

The term marriage, also called matrimony or wedlock, is a socially or ritually recognized union or legal contract between spouses that establishes rights and obligations between them, between them and their children, and between them and their in-laws” (Kore, 1995). The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships, usually sexual, are acknowledged. In some cultures, marriage is recommended or considered to be compulsory before pursuing any sexual activity.

According to the Law of marriage Act of Tanzania (1977) Marriage means the voluntary union of a man and a woman, intended to last for their joint lives. This Act elaborates further that in Tanzania there are two kinds of marriage namely monogamous and Polygamous. A monogamous marriage is a union between one man and one woman to the exclusion of all others. A polygamous marriage is a union in which the husband may, during the subsistence of the marriage, be married to or

marry another woman or women (URT, 1977). So it is important for one intends to enter into a marriage relationship to be aware of the type of the marriage arrangements whether be it monogamous or polygamous.

2.2.2 Extra-Marital Sexual

One of the very useful definition of the term “Extra-marital sexual affairs” is that posited by Akande that it is a situation which occurs when a married person engages in sexual activity with someone other than his or her spouse” (Akande, 2004). From a different angle, extra-marital affairs applies to a single person having sex with a married person” (Aworinde, 2004).

Where extramarital sexual relations breach a sexual norm, it may also be referred to as adultery, fornication, or infidelity. These terms may also carry moral or religious consequences in civil or religious law. Generally speaking, extramarital sex is a term pertaining to having sexual relationship with someone other than one’s spouse.

2.2.3 HIV

HIV stands for Human Immunodeficiency Virus. The human immune-deficiency virus is a lentivirus that causes the acquired immunodeficiency syndrome, a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive (WHO, 1997). Over time, HIV can destroy so many of body CD4 cells that your body can't fight infections and diseases anymore. When that happens, HIV infection can lead to AIDS, the final stage of HIV infection.

2.2.4 AIDS

Acquired immunodeficiency syndrome (AIDS) is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HIV). By damaging your immune system, HIV interferes with your body's ability to fight the organisms that cause disease. HIV is a sexually transmitted infection (WHO, 1997).

2.2.5 CD4

CD4 stands for Cluster of Differentiation four. These are specialized cells that are part of human immune system and indicate how strong the immune system is. These cells are strongly affected by HIV viruses and the shortage lead to Acquired Immune Deficiency Syndrome (WHO, 1997).

2.2.6 The Concept of Marriage and Extramarital Affairs

In the words of Nwoye (1991) “marriage is the legalizing of a relationship between a man and a woman to which the society gives its approval”. When couples enter into a Marriage relationship they are committed to each other by having legal and social obligations to one self and the society. Nwoye defined marriage as “a union of a man and a woman who agree to live together as husband and wife”. Marriage is seen as a social arrangement that creates for the individual the sort of order in which he/she can express in his/her life as making sense. Nwoye look at a marriage as being a culturally approved relationship of a man and a woman in which there is cultural endorsement of sexual intercourse between the marital partners (Nwoye, 1991).

On another perspective, Dreyer (1992) states that “marriage is a partnership contract which is assumed to be enacted when two people of opposite sex decided in their

own accord and in the presence of at least two competent witnesses to exchange vows and consent to live a life of vocation of love and sharing among each other for the purpose of promoting mutual welfare as person in marital journey through life”. Dreyer concluded that marriage means having commitment and assurance to one another (Dreyer, 1992).

Nwoye went further in studying and describing the general concept of marriage and highlighted the principle ideas of marriage as it essentially entails a union between at least one man and one woman, a relationship which is culturally approved, an endorsement of sexual intercourse and sexual commitment between spouses exclusively of other man and women, an expectation that children will be born, a defined mode of behavior and a permanent life-long affairs” (ibid).

The analytical process posited by Nwoye for what an ideal marriage comprises, it is expected that observing these facts strictly will breed a hitch-free marriage but in most situations, these basic ideas suggested by Nwoye does not conformed to accordingly and this tend to develop in marriage some challenges. Achieving harmony and success in marriage relationship for the benefit of the individual concerned and the society seems to be an uphill task. For this being the case, marriage consistently calls for adjustment as the relationship can either have a positive or a negative influence on the psychological, sociological, economical and general wellbeing of the husband and wife.

The concept “Extramarital affairs” is seen as the marital contamination by adding a foreign substance to water down or destabilize the marriage. Extramarital affair is

thus described “as the emotional adultery that culminates into the physical sex or long-term affairs. It is unlawful relationship engaged in by a spouse outside the marriage” (Sexton, 1993). Effects of extramarital affairs cannot be overemphasized in that it affects every member of the family. The economic status of the family is affected; this is because the little income for the family would have to be shared to feed the family members and the others outside. Man’s extravagant spending for his outside lovers may prevent him taking care of his family. A spouse involving in extramarital affairs will not have much time for his/her partner and this may lead to loneliness on the parts of the cheated one (ibid).

2.3 Theoretical Literature Review

The theoretical literature review comprises three theories namely the grand theory of sexuality, natural Law theory of Sexual Morality and the theory of Unlimited Sexual Freedom. Among the three, this research work was guided by the theory of Unlimited Sexual Freedom due to its direct explanation on justification of sexual behaviors among individuals and its consequences on HIV and other sexual transmitted infections.

2.3.1 The Grand Theory of Sexuality

The Grand theory of sexuality is one of the famous theories which were coined by sociologist Michael Foucault (1926-1984) introduced in 1976 from his work “The history of sexuality”. In his book, Foucault expresses power that sustains human sexuality, how the issue of sex is put into a discourse and the way the power permeates the discourse on sexuality. Foucault advocates freedom of choice in sexuality and people have capacity to exercise power over sexuality. According to

this theory “the depression of sexual intercourse was tantamount to violet the rights of individuals”.

Foucault argued that “people should be allowed to engage freely in sexual activities at any time with anybody they wish without any restriction or interference”. He proposes that “sex should not be repressed to any human being in this world”. Basing on the research, this theory influences much HIV transmission among married couples. The practice of extra marital sex leads to HIV transmission among them and also the spread of HIV to the entire community. Married couples in this modern world have been experiencing high rate of HIV transmission due to their free will sex practice.

The theory goes against societal moral as well as God’s scripts for those who believe so and impose married couples into risk to acquire HIV infection and transmit to others. Many couples transmit HIV infection due to irresponsibility in sexual behavior practice. In sociological point of view, human beings are not totally free and they are always chained with laws, value, and customs of societies to which every member of that society is required to adhere to them. The propagator of this theory died of HIV in 1994.

2.3.2 The Natural Law Theory of Sexual Immorality

The Natural law theory of sexual immorality is the most important philosophical defense of traditional sexual practices. Its basic argument is that the natural purpose of sex is reproduction, and non-traditional sexual activity is morally wrong since it conflicts with that aim. According to Italian philosopher Thomas Aquinas (1225-

1274), the theory's main proponent, God implanted within human nature a set of instincts that define our purpose as human beings and establish what is morally right. We have, for example, a divinely-implanted instinct to be sociable, and this tells us that unsociable actions are wrong, such as murder and theft. We also have an instinct to care for our young, and this tells us that we are to nurture and educate our children.

Similarly, we have an instinct to procreate, which tells us that we are to have sexual intercourse for the purpose of having children. For Aquinas, this rules out adultery, fornication, and homosexuality, each of which involves sexual relations that are not for purposes of reproduction. Such sexual misconduct, according to Aquinas, is a serious sin, second only to murder since, while murder destroys life, sexual misconduct thwarts the creation of life.

Aquinas offers a very specific argument for his procreation-only view of sex, based on the natural purpose of body parts. The various parts of our bodies have precise aims, he argues, and sex organs have the clear function of facilitating reproduction through sexual intercourse. The members of the body being the instruments of the soul, the end of every member are the use of it, as in the case of any other instrument. But there are members of the body the use of which is for the intercourse of the sexes: that therefore is their end.

Accordingly, to use our sex organs for purposes other than reproduction, then, is a misuse of that part of our body. So too with the natural purpose of semen: it is there for reproduction, and any emission of it without that purpose in mind is a sin against

nature. Hence it is clear that every emission of the semen is contrary to the good of man, which takes place in a way whereby generation is impossible; and if this is done on purpose, it must be a sin (ibid).

Not only must human sexual activity aim at procreation, but, according to Aquinas, it must also be done within the context of a monogamous marriage. Men have a natural desire to be sure that their children really are theirs, which wouldn't be possible if couples were uncommitted. Also, polygamous marriages are wrong since "one male could not provide for several females as a helper in the rearing of their progeny".

2.3.3 The Theory of Unlimited Sexual Freedom

This theory was propagated by a French author Marquis de Sade (1740-1814). Marquis de Sade takes a dramatically more radical position in his theory, arguing that "nature grants us the widest possible range of sexual freedom, which justifies premarital sex, adultery, homosexuality, and prostitution". Men and women alike, he argues "are naturally designed to sleep around with everyone, and it is only unjust social conventions that force us into monogamous marriages".

It is certain that, in the state of nature, women are born *vulguivaguous*, which is belonging to all males. Without a doubt, such were the first laws of nature and the only institutions of the first communities which men made. Private-interest, selfishness and love degraded these views, which were at first so simple and natural. One believed to grow rich by taking a woman and with it the good of her family (*Philosophy in the Bedroom*, 1795).

This, he believes that entitles anyone, male or female, to have sex-on-demand with anyone we desire, and any one sexual partner is as good as another, irrespective of age, gender, and even species”. De Sade’s position on sex is grounded in an unusual version of natural law theory. De Sade states that natural instincts determine the personal pleasures in which we may rightfully indulge. Sexual inclinations are primarily there to give us pleasure, and nature doesn’t care how we act out on that instinct, as long as we enjoy it. He writes that nature places no great importance on fluid, which runs through our loins, and is not concerned if we prefer to direct it down one path or another.

2.4 Empirical Literature Review

In empirical literature review, the researcher revisits various studies done by different researchers and scholars, which had findings with bearing to this study. Married couple normally consist husband and wife or wives in patriarchy system that have sexual relations (URT, 2002). According to Wabwire of Uganda, married couples are severely affected with HIV infection due to unfaithful behavior of practicing sex out of their marriages (Wabwire, 2009). Findings from various published and unpublished reports indicates that many couples are not faithful to their counterparts hence risk themselves into HIV infection. About 73.1% of married couples are having sex out of their marriages and only 26.9% are faithful to their marital partners (THMIS, 2012, 2013).

In the year 2011 Kahabi conducted an extensive research in Shinyanga region, which was focused on assessing the Christians’ altitudes toward condoms and Practices in Shinyanga region. Many of Christians believers look at condom use as against their

moral teachings hence develop a negative attitude towards government efforts for production and distribution of condoms in health care settings and public places. Kahabi conducted research among Christian believers in Shinyanga to investigate on the issue of extramarital sexual affairs and condom use. The findings from this research showed that about 73.1% of married Christian couples were doing sex out of their marriages and only 26% were faithful to their marital partners”. This number of Christian married couples to engage in extramarital affairs indicates that marriage is no longer a safer place as far as HIV infection is concern. Very Surprising enough, Kahabi’s studyrevealed that “among the Christians couples who practice extra marital contact, 50% use condoms and the rest 50% do not use condoms, a situation which signifies that HIV transmission among them will keep on rising” (Kahabi, 2011). Condom use in marriage was seen as an act against the church teachings among Christian believers.

Kahabi’s study was supported by another study, which was carried out by Chamber in Malawi on the people’s perception on condom use in marriage. According to this research, the rural people of Malawi look at Condoms as an intruder in marriage. Chamber concluded that in Malawi, the government policy, programs and community attitudes, perceptions and statements normally do associate the use of condoms with commercial sex workers and with infection outside marriage hence married couples not included in most programs (Chamber, 2007). This perception and attitudes put many married couples into the risk of acquiring the new disease through practicing sex out of their marriages secretly without using any protective gear.

Another research on extramarital sexual affairs and HIV transmission among married couples was conducted by Wabwire (2009) of Ugandan's Makerere University. He was very much interested in investigating the issues of extramarital affairs as a contributing factor to HIV infection in marriages. Also, he looked at the entire process of safe sex behavior as one of the important measures towards HIV prevention. Wabwire's research findings reported that many couples are participating in extramarital sexual affairs and there is very low condom utilization among these individuals. Wabwire's research found that although the country's HIV/AIDS prevention program primarily was focused on younger and unmarried people despite the fact that new cases of the disease were increasingly occurring among married couples ages 30-40. The result indicated that "about 650,000 Ugandans are unknowingly living with HIV-Positive sexual partners. Furthermore, the research predicted that about 85,000 individuals (13%) would contract the viruses that year if nothing wouldn't be done to increase awareness about the situation" (Wabwire, 2009).

After this research information, Wabwire called for a large scale campaign encouraging couples to undergo HIV testing together and plan for better health. The result of the study has raised a fresh alarm among Ugandan officials and recommended that "the country should encourage HIV testing among married couples and those who are intending to marry in response to the situation" (ibid).

Another useful information is cited from Poker (2005) in his work titled *AIDS IN AFRICA: How the poor are dying*. Poker discussed much on the issue of HIV transmission and the contributing factor. He examined the relationship between poverty and HIV/AIDS pandemic in Africa. Also among other things this author

described at length the relationship between this new disease and tradition sexual practices among African societies. In his book, Poker writes that in most of Africans societies, many people either do not or cannot limit their sexual free life partner”. This author has also identified that, human being particularly in Africa cannot stay forever with single sexual partner. People usually get attracted to many sex partners out of their marriages and they establish sexual relationship with other people which risk them to HIV transmission.

Poker’s argument has been supported strongly with the theory of unlimited sexual freedom propagated by a French author Marquis de Sade (1740-1814). Marquis de Sade takes a dramatically more radical position in his theory, arguing that “nature grants us the widest possible range of sexual freedom, which justifies premarital sex, adultery, homosexuality, and prostitution”. Men and women alike, he argues “are naturally designed to sleep around with everyone, and it is only unjust social conventions that force us into monogamous marriages”.

In the year 2013, Julia conducted a research in Malawi which was published in the Demographic Research journal. His research was basically on encouragement of extramarital sex among rural peoples in Malawi a situation which according to him brought difficulties in HIV/AIDS prevention strategies the country. This research highlighted that extramarital sexual relationships are a powerful factor in the diffusion of the HIV epidemic in sub-Saharan Africa. According to this report, married people with sexual partners outside of marriage may facilitate the spread of the disease, especially when the extramarital relationships are stable and the use of condoms is not generalized (Julia, 2013).

The relatively important role of marital sexual relations in regard to increased HIV infection among married couples has also been observed in other countries, such as Uganda, Swaziland, and Lesotho (Khubotlo *et al.* 2009; Mngadi *et al.* 2009; Wabwire-Mangen *et al.* 2009). Contrary to popular belief, getting married does not work as a preventive strategy against HIV infection, as the percentage of women who are HIV positive has been shown to be much higher among those who are married than among those of the same age who are single (Glynn *et al.* 2001; Kelly *et al.* 2003).

In Nigeria, Orubuloye et al conducted another useful research on Sexual networking and the risk of AIDS in Southwest Nigeria. This work elaborated a clear picture on how sexual networking facilitates the spread of HIV among communities and shown how married couples are engaged in the chain of extramarital relations which also add poison to the entire process of HIV spreading. This research has revealed a considerable level of extramarital sexual relations among men and women. Respondents were asked questions on extramarital affairs; whether or not they had ever had sexual relations with a person other than their spouses since they had first married; and whether they had had an extramarital sexual episode in the previous week. Findings from this research informed that about 54 per cent of men and 39 per cent of women responded that they have had extramarital relations” (Orubuloye et al. 1990, 1991).

The work carried out by Isiugo-Abanihe in 1993 on *Sexual behavior and exposure to the risk of AIDS in Nigeria* has brought a useful contribution on the study on the relationship between extramarital affairs and HIV infection. Isiugo-Abanihe was

very much interested on looking at the disparities in engaging in extramarital affairs between monogamous and polygamous marriages. This work has revealed that the practice of having extramarital relations do not significantly differ between women in monogamous unions and those who are in polygamous unions. However, male monogamists demonstrated to have significantly more likely to be engaged in extramarital relations than their polygamous counterparts, who have the luxury of changing sexual partners within marriage (Isiugo-Abanihe, 1993).

Lynelly et al carried out an extensive research on Women's 'Experience in marriage relationship in the year 1996. This work highlighted that harmony in the household contribute much to the health of any marriage and that trust between the couple is very important if they are to live a faithful life. According to this work lack of faithfulness to one partner makes other partner to be unfaithful as well then and the chance of cheating one another increases. If one couple has somebody out, other couple finds sexual partner as well and they end up with acquiring HIV infection. This competition in looking after sexual partner does end with acquiring HIV. The author has well identified the point of weakness. Some of couples do compete in their life. After one couple has detected that his or her couple has somebody out side, other couple also find one without considering the possibility of getting HIV infection (Lynelly et al, 1996).

Macionis (1998) explains that "when a partner falls into sex to other partner outside their marriage, he/she increases the possibility of being exposed to the risk of getting HIV infection". Furthermore, Macionis (2002) demonstrated that the situation is obvious when the marriage turns from wonderful to pure hell. That, in pure hell

marriages, every couple lives in his or her own way and the matter of sex among them becomes difficult. Mohamed *et al.* (2004) established that marriage and cohabitation cannot be regarded as a safe heaven and advocates for condom use in marriages. They said that many individuals acquire HIV because of prior infection or infidelity.

2.5 Policy Review

According to the United Nations AIDS report, Tanzania is one of the country with the largest numbers of people living with HIV and AIDS in Africa. This report states that HIV and AIDS pandemic have hit the country with catastrophic results. The average adult national prevalence rate is estimated at 8.8 % (10.5 % urban and 1.94 % rural) the epidemic is steadily on the rise in the rural areas by the year 2003. Nationally, the estimated prevalence among males was 3.8 %. The number of people living with HIV and AIDS in 2006 is estimated at 1.3 million, of which 96,000 are children. Some 207,270 new People Living With HIV and AIDS are in need for antiretroviral (ART) in 2006 throughout the country (UN AIDS, 2006.)

The Government of Tanzania is committed to the prevention of HIV/ AIDS and it has already formulate the National Health Policy 2003 and the National Policy on HIV/AIDS 2001 which is aimed at providing direction towards improvement and sustainability of the health status of all the people, by reducing disability, morbidity and mortality, improving nutritional status and raising life expectancy. The policy recognizes that, good health is a major resource essential for poverty eradication and economic development (MoH, 2003).

In response to the epidemic, the Government with technical support from the World Health Organization Global Programme on AIDS (WHO-GPA) formed the National HIV/AIDS Control Programme (NACP) under the Ministry of Health. NACP formulated Short Term Plan (1985 – 1986), and three 5 year Medium Term Plans (MTP); MTP-1 (1987–1991), MTP–11 (1992-1996) and MTP–111 (1998–2002). Initially HIV/AIDS was perceived purely as a health problem and the campaign to deal with it involved the health sector only through the National AIDS Control Programme.

The national response consisted on developing strategies to prevent, control and mitigate the impact of HIV/AIDS epidemic, through health education, decentralization, multi-sectoral response and community participation. However the response has not had much impact on the progression of the epidemic as expected. The national response initiatives were constrained by a number of factors; inadequate human and financial resources, ineffective co-ordination mechanisms and inadequate political commitment and leadership. Some of these constraints are now being addressed.

There is strong political commitment and leadership from the highest level. HIV/AIDS has been declared a National crisis and is now one of the top priority development agenda in the Government, along with poverty alleviation, improvement of the social sector services. The Tanzania Commission for AIDS (TACAIDS) has been established to provide leadership and coordination of multisectoral responses. The Multisectoral Policy Guidelines on HIV/AIDS is now in place.

Decentralization facilitates people's participation in decision making in issues that affect their lives, including HIV AIDS. As HIV/AIDS epidemic affects all sectors, its control demands a well-coordinated response. Therefore, it is necessary to have a policy which provides the framework, direction and general principles in the national response interventions in the prevention, care and support of those infected and affected by the epidemic and mitigation of its impact. However, in view of the complex social, ethical, legal, cultural and economic aspects of the HIV/AIDS epidemic, the policy will be subject to reviews from time to time in order to address emerging issues.

The Government of Tanzania is tackling various issues related to the negative impacts of HIV/AIDS through the formulation of various policy triggered to the prevention of such disease. Among the formulated policies and strategies are; National Policy on HIV/AIDS, National Health Policy, Decentralization Policy and Human Resource Management, HIV/AIDS Workplace Policy.

Other policies and programs are Human Resource Planning and Policy Development, National Decentralization Policy, while various program strategies has also formulated such as Health Services Development Program (PHSDP) 2007 – 2017, Human Resource Policy Guidelines – 2005, Millennium Development Goals (MDGs), National Strategy for Growth and Reduction of Poverty, Tanzania Development Vision 2025, and Primary Health Services Development Program (PHSDP), 2007 – 2017. The National Health Policy (2007) aims at implementing national and international commitments. These are summarized through policy vision, mission, objectives and strategies.

The Health Policy vision is to have a health community, which will contribute effectively to an individual development and country as a whole. The mission is to facilitate provision of basic health services, which are proportional, equitable, quality, affordable, sustainable and gender sensitive. The Human Resource Strategic Plan seeks to implement strategy related to human resource as outlined in the policy. While the Human Resource Policy Guidelines – 2005 major goal is to have a well-planned, trained deployed and motivated workforce.

2.6 Research Gap

The findings from the research conducted by Kahabi (2011) in Shinyanga showed that, 73.1% of married Christians couples were doing sex out of their marriages and only 26% were faithful to their marital partners. The research didn't inform us as to why these couples engage in extramarital affairs. The research on HIV transmission among married couples conducted in 2009 by Wabwire (2009) of Ugandan's Makerere University found that, although the country's HIV/AIDS prevention program primarily focused on younger, unmarried people, new cases of the disease are increasingly occurring among married couples ages 30-40. This research also didn't identify the factors associated with extramarital sexual behaviors.

Poker (2005) conducted a research on HIV/AIDS and writes that “in most of Africans societies, many people either does not or cannot limit their sexual free life partner”. This author has also identified that, human being particularly in Africa cannot stay forever with single sexual partner but fail to explain why.

Julia (2013) highlighted that “extramarital sexual relationships are a powerful factor in the diffusion of the HIV epidemic in sub-Saharan Africa”. Pilcher *et al.* (2004)

and Wawer *et al.* (2005) carried out research on HIV/AIDS and established that “married people with sexual partners outside of marriage may facilitate the spread of the disease, especially when the extramarital relationships are stable and the use of condoms is not generalized”. Orubuloye *et al.* (1990, 1991) conducted a research in Nigeria and found that about 54 per cent of men and 39 per cent of women responded that they have had extramarital relations. All these researchers didn’t pinpointing the reason why couples participate or practice sex out of their marriages.

The work by Isiugo-Abanihe (1993) has revealed that “the odds of having extramarital relations do not significantly differ between women in monogamous unions and those who are in polygamous unions”. Macionis (1998) explains that “when a partner falls into sex to other partner, he/she increases the possibility of being risk in getting HIV infection”. Mohamed *et al.* (2004) established that “marriage and cohabitation cannot be regarded as a safe haven and advocates for condom use in marriages”. They said that many individuals acquire HIV because of prior infection or infidelity but didn’t work on finding the factors responsible for extramarital sex issues.

The findings from the researches described above have revealed that about 73.1% of married and cohabitating couples, religious believers and non believers, play sex out of their marriages a situation which poses them to the risk of acquiring HIV infection. Researchers did not go further to investigate the reasons as to why these large numbers of married couples have been engaging in extra marital sexual activities. No research has been carried out to investigate the factors role of extramarital affairs in HIV transmission. Therefore the researcher identified this gap

and decided to conduct a study in Singida Municipality in order to find out the specific social factors that lead to increased rate of HIV infection among them.

2.7 Conceptual Framework

The search for causes of the HIV epidemic has been characterized by two sets of myths. On the one hand, some African leaders have accused the West for fomenting AIDS. On the other hand, some in the West have identified various African sexual practices as facilitating or promoting the spread of HIV (Mah et al., 2010). In this research, the researcher reinforced the second position that African sexual practices, extramarital affairs in particular, are the major perpetrators of the problem.

The practice of having multiple concurrent sexual partners (MCPs) is mostly associated with the spread of HIV in Africa. In most African countries, Tanzania included, one cannot separate the practice of MCPs from culture. The number of sexual partners considered appropriate to have in one's lifetime or concurrently is as much a cultural artifact as is the number of wives or husbands or children one is permitted or encouraged to have (Mah et al, 2010).

This cultural artifact according to a critical review of the evidence of the sexual behaviors in Africa is logically and empirically associated with the spread of HIV among married couples. Most individuals before marriage they go for HIV testing and when both tested negative they enter into marriage. Various social, cultural and economic factors influence them from being faithful to their marriage leading to deviation entering into extramarital affairs. The more the sexual partner one has the higher the degree of contracting HIV leading to AIDS.

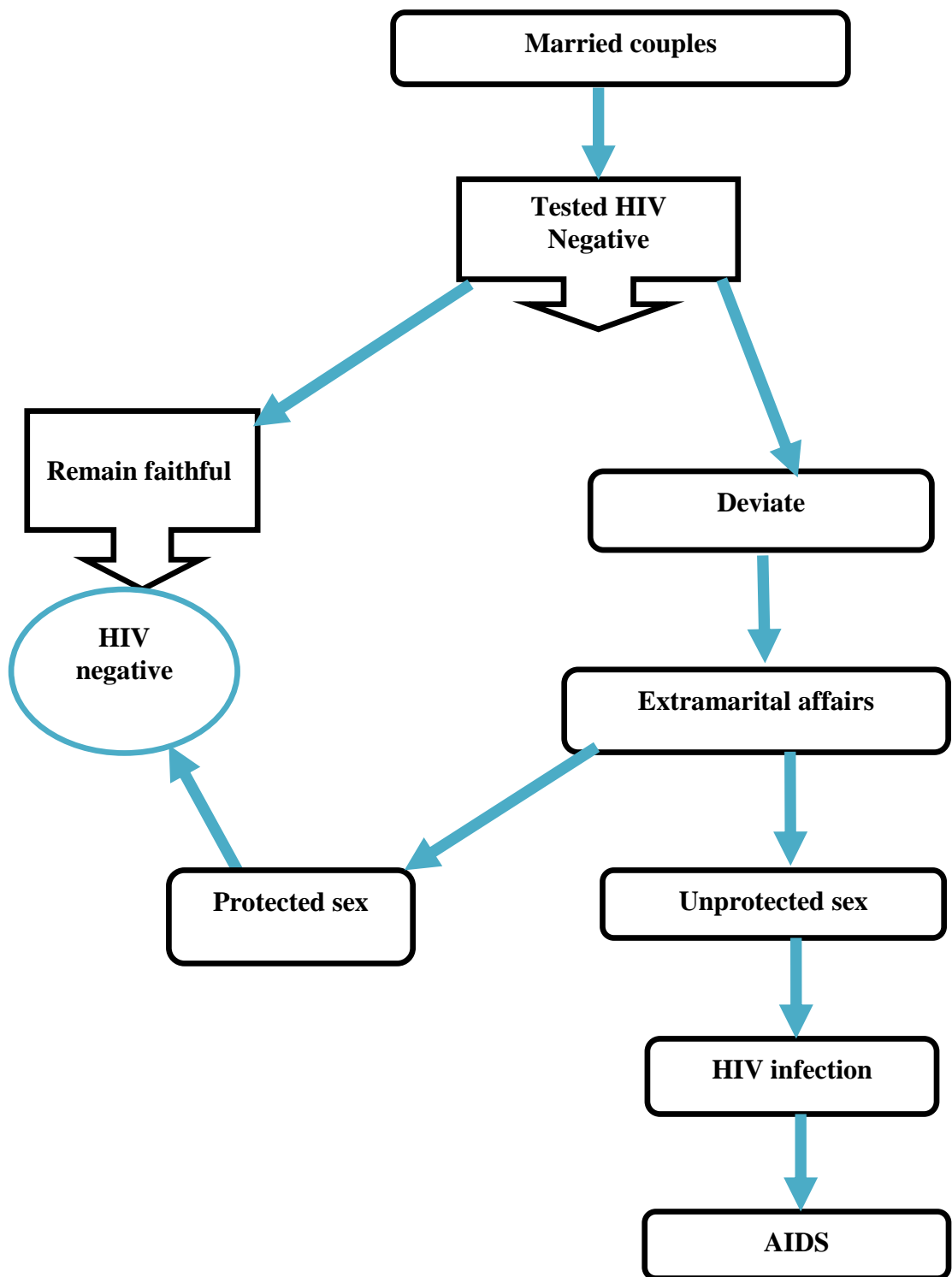


Figure 2.1: Conceptual Framework Illustrating the Relationship between HIV/AIDS and Extramarital Sexual Affairs

Source: Current study

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter is organized into the following sections. It starts with the study area, research design and target population of the study. It further presents sampling techniques and sample size, data sources and data collection methods. Lastly it presents data analysis, interpretation and presentation and Validity and reliability.

3.2 The Study Area

This study was conducted at Singida Regional Referral Hospital in Singida Municipality. The area was selected due to the NACP report, which indicates that Singida is among the regions in the Country exhibiting the increase rate of HIV infection.

3.3 Research Design

Nachimias (1998) defined research design as the “blue print that enables the investigators to come up with solutions to problems and guide her/him in the various stages of the research. This study was guided by using a case study design. Robert (1994) defined a case study as the empirical investigations in a contemporally phenomenon within its real life context. The researcher chose this method because of the sensitivity of the study to investigate more personal and confidential issues, which require individual’s confidentiality during interview. Also this method gives respondents the freedom of explaining the problem into more detail and privacy way.

Lastly the researcher decided to choose this design due to the fact that this study was a comprehensive description and analysis of a single situation. The study was based mostly on in-depth interviews to married individuals living with HIV/AIDS who attended the Care and Treatment Clinic at the Hospital. The data collected was analysed qualitatively according to the identified themes.

3.4 Target Population

Nachimians (2003) defined population as “the aggregate of all cases that conform to some designated set of specification”. Kombo and Tromp (2006) defined population as the largest group from which the sample is taken. The population targeted in this study was married couples living with HIV/AIDS who attended and received Care and Treatment services at Singida Regional Hospital Care and Treatment Center (CTC). The researcher targeted this population because this group of people has good experience on HIV/AIDS in their life. Therefore they were likely to give correct data on the research being conducted. The total number of PLWHA attending at the CTC is 5486 among these 516 were married. Among those participants interviewed were ranging from 25 to 55 years old.

3.5 Sampling Procedure and Sample Size

3.5.1 Sampling Procedure

Kothari (2004) defined sampling technique or procedure as “a definite plan for obtaining a sample for population given”. Trompo (2004) also defined sampling design as “the procedure that the researcher uses to identify people, places or things to study”. In this study the researcher used purposive sampling technique because only PLWHA attending CTC services were the targeted individuals for this study.

3.5.2 Sampling Frame and Sample Size

Nachimias (2003) defines sample as “the sub set of population”. Singida regional Referral Hospital provides CTC services to around 5486,000 clients with a total of 516 adult married couple. The researcher decided to interview 50 married individuals picked as they attended at the Clinic. The researcher decided to interview that number of respondents because the method used in data collection was in-depth interview which normally takes long time to interview one individual. Due to time frame it was not possible to manage large number of interviewees. The sample size was obtained using the formula below here:

$$n = \frac{N}{1 + N(x)^2} \dots\dots\dots (1)$$

Whereby;

n = Sample size,

N= Total population (Number of married PLWHA attending at Regional Hospital CTC 516)

x = Significance level (10%)

1= K (constant)

Thus the study sample size was;

516

n= -----

1 + 516 (10%)²

516

1 + 516 (0.1)²

n = 51

3.6 Data Collection Methods

The research gathered both primary and secondary data. Primary data was obtained through in-depth interview from respondents while secondary data was obtained through studying records and reports at the CTC.

3.6.1 Primary Data Collection

3.6.1.1 In-depth Interviews

The researcher used in -depth interview for data collection from interviewees one by one in a private room. Gretcher (2011) defined in depth interview as “a qualitative method that uses open ended questions to uncover information on a topic of interest and allows interviewees to express opinions and ideas in their own words”. In-dept interview guides, which are data collection instruments used through direct and verbal interaction, between the researcher and respondents was used. These involved the question and answer method of data sourcing. More and more data was collected through in-depth interviews and probing.

The researcher decided to use this tool because it gives the room to the respondents to express themselves in depth and the researcher gathers more information taking into account that issues on extramarital affairs and HIV infection among married couples are more personal and sensitive. Therefore, in-depth interview as used by researcher in this study was an appropriate method. The researcher collected data from participants by asking them guiding questions while observing their reaction and emotional attitudes while responding to the questions. The responses were recorded after the conclusion of the interview in the absence of the respondent.

3.6.1.2 Observation

The researcher used observation method to obtain non-verbal messages comes from respondents, which were very useful in complementing the verbal answers and explanations. Some respondents came with their partners and some came with their children who also were infected by the Virus. Most of the participants were unhappy and look ill due to the disease. This phenomenon signifies the severity of the problem and its consequences emanated from extramarital affairs.

3.6.2 Secondary Data Collection

The researcher obtained secondary data, which was recorded and kept at CTC. There were also unpublished reports at the CTC. Published data was obtained from various journals, bulletins, Newspapers and textbooks.

3.7 Data analysis, Interpretation and Presentation

Braun and Clarke (2006) state that “thematic analysis is a qualitative analytic method for ‘identifying, analyzing and reporting patterns (themes) within data’”. Thematic analysis minimally organizes and describes data set in (rich) detail. However, frequently it goes further than this, and interprets various aspects of the research topic.

This study was a qualitative research involving extensive data collection of several variables, hence qualitative data analysis method used whereby the researcher analyzed data thematically according to themes using a computer software package. After generating themes, the researcher perused the collected data to identify information relevant to the research question and objectives. After analyzing data the researcher used graphs, tables and direct quotation to present the findings.

3.8 Validity and Reliability

Kirk et al (1986) elaborates validity as determines whether the research truly measures that which it was intended to measure or how truthful the research results are. In other words, does the research instrument allow you to hit "the bull's eye" of your research object?

Researchers generally determine validity by asking a series of questions, and will often look for the answers in the research of others. Kirk et al (1986) defines reliability as "the extent to which results are consistent over time and an accurate representation of the total population under study". If the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable.

The intent of this qualitative research was to understand the factors which influence extra-marital affairs among married couples. This involved an investigative process where the researcher gradually makes sense of a social phenomenon by contrasting, comparing, replicating, cataloging and classifying the data gathered.

To ascertain validity and reliability, the researcher paid attention to coding responses from participants correctly to identify themes and subthemes to guide discussion of the results. Interpretations of data were effectively checked against participant views and the researcher built trust with participants which helped or assisted in producing trustworthy results. The researcher used triangulation to compare various data obtained from one participant to another. Observation skills were employed to identify nonverbal messages as if they support the verbal message.

3.9 Ethical Consideration

There was an informed consent from participants before they take part in this research. Participants were informed exactly what they were asked to do and that there was no any anticipated harm, before they agreed to take part. In this research the participants were made aware that they are free to withdraw from the study at any time, without giving a reason. They were also told that they have a room to request that the data they have given be removed from the study if they see the reason to do so.

The researcher was aware that the aim of this research was specifically to access private feelings, stories, and concerns from individuals; hence every effort was made to make the data or information generated from participants anonymous. Moreover, the researcher knew that the more pieces of information that are presented together, the easier it is to identify someone, hence common identifiers like name, job title, age, length of service, membership of clubs, and strongly expressed opinions was not recorded. In general, confidentiality relates to the protection of the data collected was maintained.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents and discusses the findings obtained and analyzed from in-depth interview on the impact of extramarital sexual affairs on HIV infection among married couples. The main objective was to examine the factors influencing extramarital sexual affairs leading to high rate of HIV infection among married couples. It starts by presenting a brief demographic picture of Singida Region, the demographic picture of Singida Municipal Council as a study area and then brief demographic information of the respondents. Lastly, the chapter presents the research findings, which are followed by the discussion of the findings.

4.2 The Demographic Profile of Singida Region

Singida is one of the regions of Tanzania. The regional capital is the municipality of Singida. The region is bordered to the North by Shinyanga Region, Simiyu Region and Arusha Region, to the Northeast by Manyara Region, to the East by Dodoma Region, to the Southeast by Iringa Region, to the Southwest by Mbeya Region and to the West by Tabora Region. It is one of the poorest regions in Tanzania. It is accessible from Arusha through Babati and Katesh in Manyara Region; Dar es salaam, Iringa and Mbeya through Dodoma and Tabora, Shinyanga and Mwanza through Nzega in Tabora Region.

According to the 2012 Tanzania National Census, the population of Singida Region was 1,370,637. In Singida town (i.e. Singida municipality) and Singida Rural

District, the main tribe is the Nyaturu. The town is also home to immigrants from different parts of Tanzania. Iramba district belongs to Nyiramba tribe and Manyoni district belongs to Gogo and few of Nyaturu tribes.

4.2.1 Geographical Information of Singida Municipal Council

Singida Municipality is located in the central plateau of Tanzania between $40^{\circ} 40'$ and $40^{\circ} 53'$ south of Equator and longitude $340^{\circ} 30'$ and $340^{\circ} 53'$ East of GMT. Singida Municipality being a capital town of Singida Region comprises of the town proper and the peri - Urban areas. It is a hub with roads leading to Dodoma, Arusha, Kigoma and Mwanza Municipality. Singida Municipal Council has 51.47% (74328) Female population while 48.53% (70080) of its population are Male making a total population of 144408 (NBS Census, 2012).



Figure 4.1: A Map showing Location of Singida Region in Tanzania



Figure 4. 2: The Map of Singida Region Showing Location of Singida Municipality (Urban)

Table 4.1: Population Distribution in Singida Region

SN	DISTRICT	POPULATION
1.	Iramba	236,282
2.	Ikungi	272,959
3.	Manyoni	296,763
4.	Mkalama	188,733
5.	Singida District	225,521
6.	Singida Municipality	150,379

Source: Tanzania National Census, (2012)

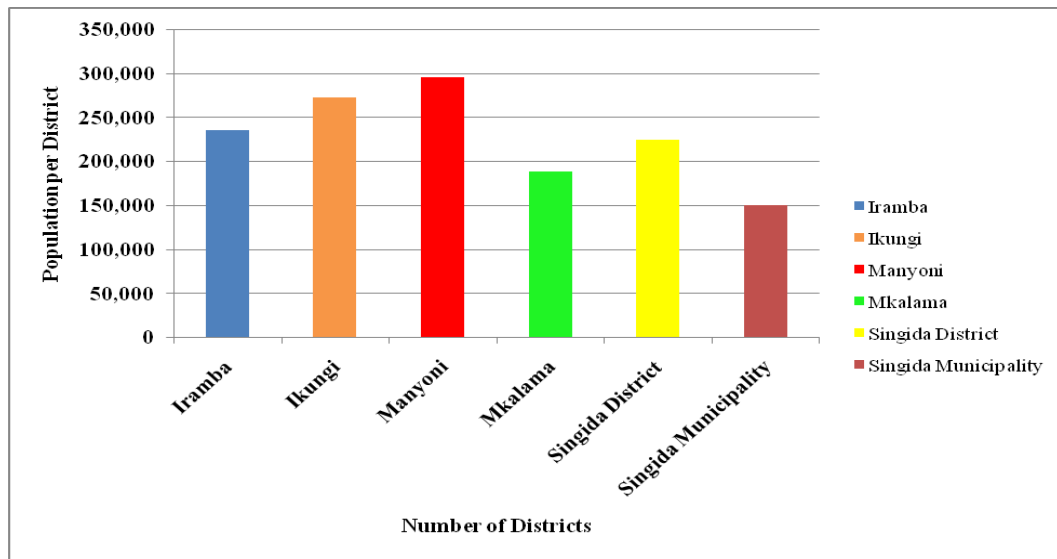


Figure 4.3: Population Distribution in Singida Region

Source: Tanzania National Census, (2012)

4.2.2 Demographic Characteristics of the Respondents

The researcher interviewed 50 respondents and all were married couples living with HIV/AIDS who attended CTC of Singida Regional Referral Hospital. About 27 respondents were men making 54%, and 23 respondents were females making 46%. Their ages were between 21 and 55 years old. Each respondent answered questions individually during the indepth-interview session.

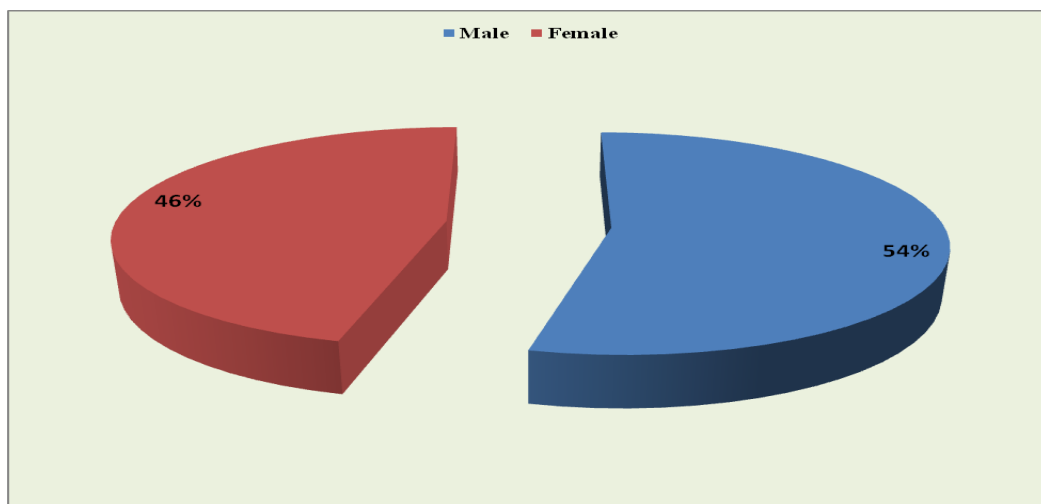


Figure 4.4: Total Number of Research Respondents

Source: Research Data, (2016)

4.2.3 Demographic analysis of all HIV/AIDS Patients at Singida Regional Hospital

Singida regional referral Hospital CTC saves around 5486 PLWHA. The following in a tabular form are the number of registered HIV/AIDS patients disaggregated by their most recent classification at Singida Regional Hospital Care and Treatment Clinic:

Table 4.2: Number of Registered HIV/AIDS Patients at Singida Regional Hospital CTC as of 31st March, 2016 -06 - 16

Age group	Female	Male	Total
0 - 0	0	1	1
1 - 5	39	29	68
6 - 10	55	72	127
11 - 15	77	65	142
16 - 24	245	69	314
25 - 29	361	57	418
30 - 34	563	121	684
35 - 39	719	233	952
40 – 44	614	296	910
45 – 49	430	276	706
50 – 54	292	210	502
55 – 59	177	129	306
60+	199	157	356
Total	3771	1715	5486

Source: HIV/AIDS Register, 2015/16

4.3 Factors Influencing Extramarital Sexual Affairs among Married Couples

Through thematic data analysis,(categorizing data according to themes) the researcher identified 7 reasons for HIV transmission among married couples in

Singida Municipality. Nature of human behavior was identified by 40 respondents followed by poverty 35 respondents, everlasting Matrimonial conflict 30 respondents, alcoholism 28 respondents, Sexual dissatisfying 25 respondents, staying away from partner for long time 20 respondents and polygamy 15 respondents.

Table 4.3: Factors Influencing Extramarital Sexual Affairs among Married Couples in Singida Municipality

SN	Factors	Respondents
1.	Nature of human behavior	40 out of 50
2.	Poverty	35 out of 50
3.	Matrimonial conflict	30 out of 50
4.	Alcoholism	28 out of 50
5.	Sexual dissatisfaction	25 out of 50.
6.	Staying away from your couple for the long time.	20 out of 50.

Source: Field Data, (2016)

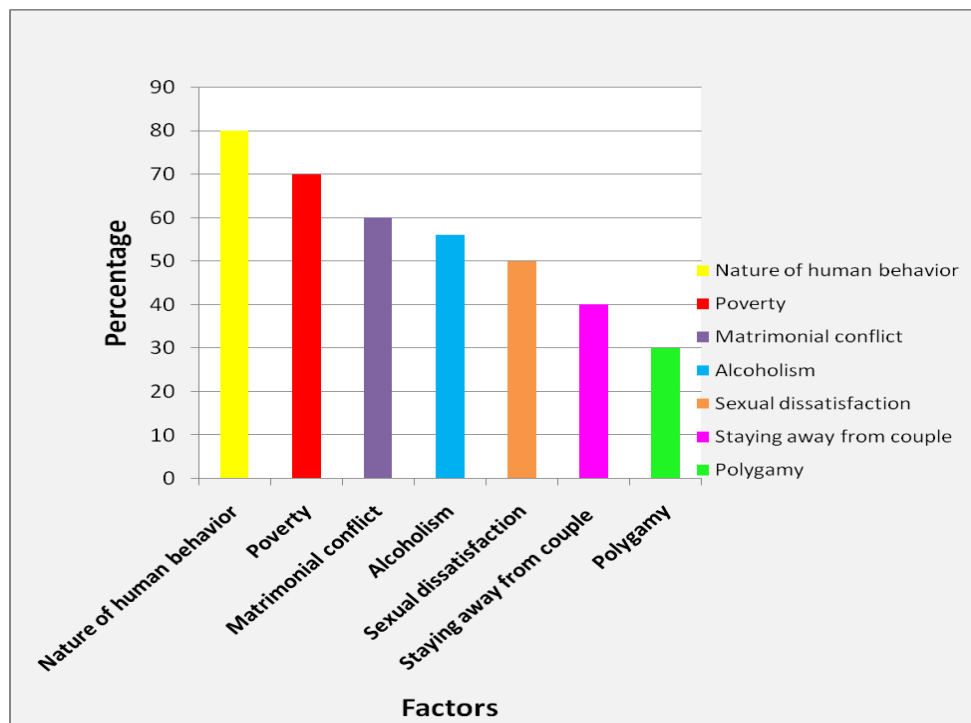


Figure 4.5: Factors Influencing Extramarital Sexual Affairs among Married Couples %

Source: Field Data (2016)

Furthermore, the research asked respondents to describe what they meant by their responses and their clarifications are presented here under as follows:

4.3.1 Nature of Human Behavior to Taste for Varieties

40 out of 50 respondents answered that human nature is a major influencing factor for extramarital sexual engagement among married couples. They explained that, human beings have tendencies of being attracted to multiple sexual partners and most of them cannot stay with one sexual partner. Men's desire to taste for variety of women contribute to contraction of HIV and bring it to his wife.

“It is quite difficult to have only one sexual partner for ever, even those Christians who sworn to have one partner for the entire period of their life do not fulfill this mission”.

One of respondent said. Another male responded said that:

“staying with only one woman for us men is a sign of weakness”.

The factor of human nature to taste for varieties overtime is strongly supported by Kahabi's research findings which was done at Shinyanga region to asses the attitudes of condom use among Christians which identified that “73.1% of married Christians couples had extra marital sexual partners” (Kahabi, 2011).

In normal circumstances, it is believed that Christians doctrine allow single wife and single husband marriages and not otherwise. But contrary to that, majority of married couples have failed to remain faithful due to desire for testing varieties of sexual partners (Kahabi, 2011). Again, this factor was supported strongly with the theory of unlimited sexual freedom, which advocates for unlimited sexual practices among individuals.

4.3.2 Poverty

35 out of 50 respondents said that poor couples lack basic needs for their families.

Couples may get involved in adultery for getting money. One couple said:

“Sometimes my husband do not give me money when he goes away, now when faced by life hardship I become tempted to sex with other man in order to get money to feed myself and my poor children”.

Another responded lamented that:

“look, the issue here is poverty, if I have money I can not cheat my husband”.

According to these findings, poverty seems to be one of the powerful influencing factors towards extramarital sexual affairs, which have been identified also by many respondents. It has been noted that normally due to financial problems and high levels of poverty in families, some married female couples are easily trapped by men outside their wedlock for sexual activities. Findings from this study has revealed that poverty and HIV infection are in correlation in the sense that when one couple decided to engage in extramarital sexual affairs there is a great chance of acquiring HIV infection. Poverty is the primary driving force behind women, married and unmarried becoming prostitutes or engages in extramarital affairs.

4.3.3 Matrimonial Conflict among Couples

30 out of 50 respondents said that, prolonged matrimonial conflict leads to lack of sexual desire among couples. They added that, in the presence of conflict, both couple develops hate with one another. Sometimes couples in conflict cut off any communication among themselves. This pave a way for the possibility of finding other sexual partner outside their marriage hence the chance of being infected with

HIV increases. One female respondent said:

“Some time when I become sad, I do not want even to be touched by my husband, better find someone outside to enjoy with him”.

The issue of interminable matrimonial conflict cannot be overemphasized. The findings from this research have indicated that everlasting family conflict between couples is one of the aggregating factors for extramarital affairs. Conflict between couples sometimes is not just a difference of opinion; rather it is a series of events that have been poorly handled so as to intensely smash up the marriage relationship.

Irritating marriage issues can persist to the point that stubbornness, pride, anger, hurt and bitterness prevent effective marriage communication. When this occurs in marriage, love disappears and hate between couples occurs. This situation not only brings psychological, social, and economical harm to the couples but also leads into lack of desire to continue consummating their marriage and the life in their bedroom becomes misery. At this point one couple or both can decide to find a third part sexual partner outside their wedlock, a condition which can pose them into being infected with the deadly virus HIV.

4.3.4 Alcoholism

28 out of 50 respondents said that alcoholism contribute much on HIV transmission among married couples. They said that, always the drunkard person loses the capacity to reason. For That matter, he or she can be tempted to commit sex with anybody who is not his or her choice, can be raped and even cannot remember to use condoms. This behavior always endangers them to HIV transmission. One respondent added that:

“An alcoholic person do not have right judgment as far as sexual desires come up”.

One respondent pointed out that:

“a drunkard person cannot make rational judgment hence can go to bed with anybody”.

Alcoholism is one of the compelling factors towards extramarital affairs among married couples. Alcohol abuse increases the feelings of marital distress. Heavy alcohol use is associated with more negative and hostile communication, more expressions of anger, and less warmth and unity in the relationship.

These factors decrease couple's satisfaction in their marriage and create greater tension a condition that can lead a non-alcoholic couple to find warmth and love outside their wedlock. Also alcohol abuse may lead to sexual problems such as lower sexual satisfaction and erectile dysfunction among men. These conditions again lead to greater stress on the non-drinking spouse and decreases satisfaction in the marriage.

This finding has been supported by various similar research. A research conducted by Leigh et al (1993) indicated that alcohol use has been linked to risky sexual behaviors (Leigh & Stall, 1993). Leigh posited that “it is believed that alcohol intoxication may lead an individual to take sexual risks that would not be taken when sober”. Cooper (2002) reviewed evidence of situational studies of drinking and risky sex and found that drinking was indeed associated with an increased probability of intercourse and risky partner choice. This situation again can pose couples into risk of contracting HIV.

4.3.5 Sexual Dissatisfaction

25 out of 50 respondents explained that some couples are not sexually satisfying each other in their marital life. Some respondents said that, failure to reach orgasm together leave either couple sexually dissatisfied. If this condition persists, unsatisfied couple may decide to find another sexual partner outside their marriage to satisfy his or her desires.

During the in-depth interview, one of the respondents asked: “*What would you do if always you are not sexually satisfied?*” Sexual dissatisfaction among couples has also been reported as a driving force for extramarital sexual affairs. The issues of sexual desire, unmet erotic needs, mismatched libidos, and the ravages of time in a long term relationship or marriage are among the most common causes of the sex unhappy.

Lack of sexual satisfaction can originate from a variety of reason, social, psychological and even biological. Some males face premature ejaculation or erectile dysfunction, which leads to more women not being sexually happy. Men refuse to acknowledge these problems sometimes, because of the stigma attached to them.

This attitude only further worsens the problem. Diseases like high blood pressure and diabetes can lead into unhappy bedroom time among couples due to sexual dissatisfaction. As it has been indicated in this research, when this situation occurs frequently, unsatisfied couple can decide to find sexual satisfaction out of their marriage.

4.3.6 Staying Away from your Couple for Longtime

20 out of 50 respondents said that, staying away from each other for quite a long time can lead either couple to be tempted to engage in extramarital sexual relationship with others to satisfy her or his sexual urge. *“What could I do if my husband is away and I feel sex desire?”* said one female respondent.

4.3.7 Polygamy

15 out of 50 respondents said that, polygamy contributes to HIV transmission among married couples in the sense that it is difficult for a single man to satisfy many wives sexually. For that case, they will look for other sexual partners hence the chance to acquire and bring HIV in their family increases.

Two respondents said:

“It is difficult for a single husband to satisfy sexually all wives and on the time I need to sex”. “What can I do if I feel sexual desire and our husband is to another wife and my turn will take longer?”

Apart from Christian's single wife and husband marriages, the findings from the research shows that even those couples which are polygamous, they have been experiencing extra marital sexual affairs and they add other partners. This show that, individual person require more and more sexual partner as supported by grand theory of sexuality coined by Michael Foucault which advocated on freedom on sexual affair to many partners. Therefore, the research has revealed and exposed out the truth that, which is against the believe that married couples are safe from HIV transmission and nullify the concept which majority of people have in their minds that once they get married they automatically become safe from HIV transmission.

The research has reveals that there are several social, economic, cultural and psychological reasons of why married couples get involved in extramarital relations. These findings collectively show that most of married couples who were interviewed accepted that extramarital sexual affairs among married couples are a big problem and it has a direct link with HIV transmission.

This situation is supported by Tanzania HIV/AIDS and Malaria Indicator Survey report (2008), which identified that, the prevalence of HIV transmission among married couples was high by 6% compared to non married which was 2%. Staying away from one's couple and polygamy has been identified as the least factor contributing to extramarital affairs, a situation which brings in further discussion and investigation as to why individuals underscore these variables.

4.4 Consequences of HIV Transmission among Married Couples

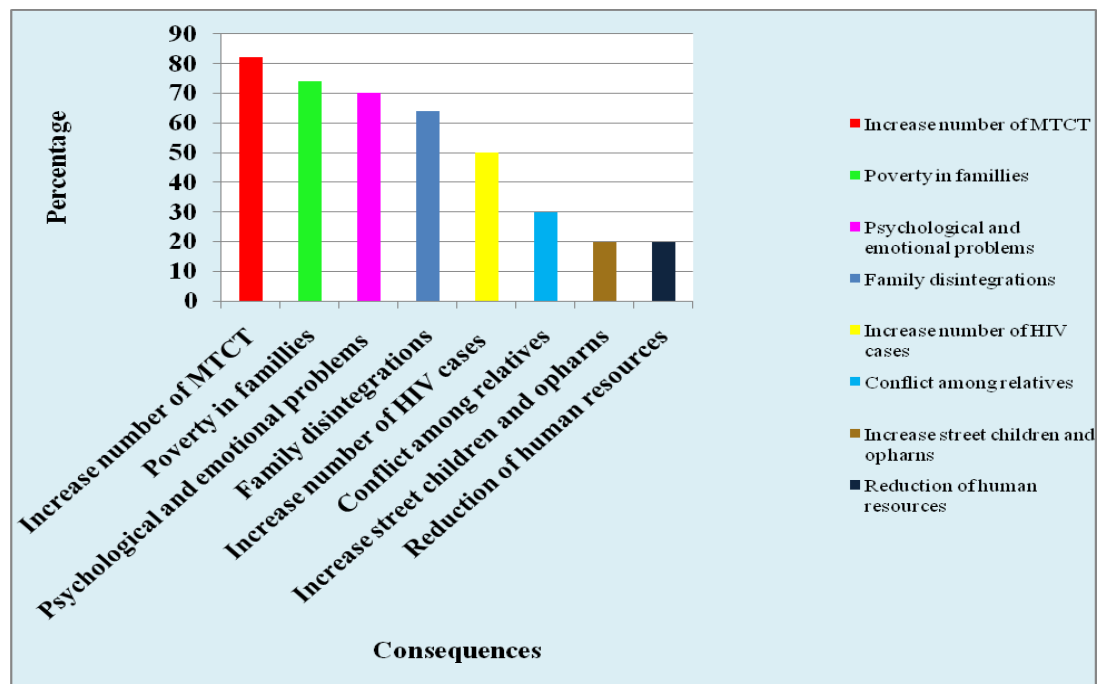
Through thematic analysis of data categorization, the researcher identified 8 consequences of HIV infection among married couples in their families and in society at large.

Increased mother to child transmission 41 respondents, Poverty and increased dependency Ratio 37 respondents, Psychological and emotional problems 35 respondents, Family disintegrations 32 respondents, Increase new HIV cases in the society 25 respondents, Conflict between infected couple(s) and their relatives 15 respondents, Increase number of street children due to death of parents 10 respondents and Reduction of man power 10 respondents.

Table 4.4: The Consequences of HIV Transmission among Married Couples

SN	CONSEQUENCES	RESPONDENTS
1.	Increase number of mother to child HIV transmission	41 out of 50
2.	Poverty and increased dependency Ratio	37 out of 50
3.	Psychological and emotional problems among infected couples	35 out of 50
4.	Family disintegrations	32 out of 50
5.	Increase number of HIV transmission in the community	25 out of 50
6.	Conflict between infected couple(s) and their relatives	15 out of 50
7.	Increase number of street children and opharns	10 out of 50
8.	Reduction of human resources	10 out of 50

Source: Researcher (2016)

**Figure 4.6: The Consequences of HIV Transmission among Married Couples**

Source: Field Data (2016)

Further, the researcher asked respondents to describe what they meant by their responses and the clarifications are presented here under:

4.4.1 Increase Number of Mother to Child HIV transmission

41 out of 50 respondents said that mothers with HIV can infect their inborn child during pregnancy, delivery or lactation. So increased number of HIV positive mothers will also increase number of babies born with HIV infection. One respondent told the researcher that:

“With your own eyes you can see all children here attending their clinic are HIV cases acquired from their parents.”

Another respondent stated that:

“I am the source of my poor daughter’s illness, anyway”.

One female respondent said that

“we are told here by nurses that mothers with HIV can infect their inborn child during pregnancy, delivery or lactation”.

Increased number of HIV positive mothers will also increase number of babies born with HIV infection. This situation is alarming since if not controlled adequately, and then there will be the possibility of having HIV positive young generation. Many medical interventions in different countries, Tanzania included recommends that all women who are pregnant or planning to get pregnant take an HIV test as early as possible before and during every pregnancy. This is because the earlier HIV is diagnosed and treated, the more effective HIV medicines, called antiretroviral treatment (ART), will be at preventing transmission and improving the health outcomes of both mother and child.

Mother to child HIV transmission is jeopardizing the existence of future generation. Married couples can be compared as industries, which are expected to produce high quality goods for community’s consumption, but when the industries will be

producing poor and contaminated food, it means that, the society will also perish. The example I have given above wants to explain the effects of HIV transmission among married couples which will affect all society and all activities being done within by bearing already infected new born which are expected to take position of adults to develop the society.

4.4.2 Poverty and Increased Dependence Ratio

37 out of 50 respondents said that, poverty is more marked to couples living with HIV/AIDS because they do not have the capacity to work as the disease becomes more advanced. Due to long standing illness, they do consume all of their stocks and savings. They said that poverty in families can lead to poverty in a national level. Many PLWHA become dependants to their relatives hence increase National dependency ratio. One respondent said *“You can see me here; I cannot work as I used before, and so I depend on begging from my relatives and neighbors.”*

HIV/AIDS infects people at the peak of their productive and income generating years. Families feel its economic impact as soon as one of their members falls ill with an AIDS-related condition (Taraphdar et al, 2011). Poverty and increased dependence ratio is among the consequences of HIV infection among married couples and their families. HIV/AIDS in families can lead to poverty affecting particularly women and young people and can halt or reverse socioeconomic development of a country.

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illness, they do consume all of their stocks and savings. They said that poverty in families can lead to poverty in a national level. Many PLWHA become dependants to their relatives hence increase National dependency ratio. A research conducted by P. Taraphdar et al (2011) on the Socioeconomic consequences of HIV/AIDS in the family system revealed that “prolonged duration and severity of disease, higher proportion of indoor patients reported loss of job, decreased family income, increased expenditure for care seeking, and faced greater economic consequences, reflected by selling assets”.

4.4.3 Psychological Problems

35 out of 50 respondents explained that, some time infected couples develop psychological problems due to stigma and frustrations of being isolated with others and hardness of life. Other infected individuals, if not counseled properly, they can even commit suicide. One respondent said:

“One day I attended a certain burial ceremony where one HIV patient poisoned himself due to mental problems.”

Another issue identified by these research findings is psychological problems. As with other chronic illnesses, partners and families often experience not only physical and economic problems but also psychological problems. This can place a great strain on them. This can lead to individual stress and tension between members of the family. Respondents in this research explained that, some time infected couples develop psychological and emotional problems due to stigma and frustrations of being isolated with others and hardness of life. Other infected individuals, if not counseled properly, they can even commit suicide.

A research conducted by Robert et al (2001) shows that “most patients with serious, progressive illness confront a range of psychological challenges, including the prospect of real and anticipated losses, worsening quality of life, the fear of physical decline and death, and coping with uncertainty”. HIV infection and/or AIDS bring additional challenges due to the rapidly changing treatment developments and outlook. In addition, this disease is unusual in the extent of stigma associated with it and the fact that HIV is both infectious and potentially fatal. Some of the common psychosocial problems associated with HIV/AIDS among individuals are shock, disbelief, panic, fear, guilt, anger, despair and hopelessness.

4.4.4 Family Disintegrations

32 out of 50 respondents told the researcher that, many families have been disintegrated due to HIV infection. Among of the reasons is that, when couples are sick, they don't have the means of earnings and they end up to be taken by other relatives in different places hence the disintegrations of their homes. Others leave their partners especially when their serostatus are discordant. One respondent said:

“My wife has been taken by her relatives and I am alone at home.”

Family disintegrations or even break down is a common social event among couples infected by HIV particularly if their result is a discordant one. Respondents told the researcher that, many families have been disintegrated due to HIV infection. Among of the reasons is that, when couples are sick, they don't have the means of earnings and they end up to be taken by other relatives in different places hence the disintegrations of their homes. Others leave their partners especially when their serostatus are discordant.

4.4.5 Increase Number of New HIV Cases in the Community

25 out of 50 respondents said that increase in number of HIV cases among married couples automatically increase the number of new cases of HIV in the community due to the fact that married couples are not living in isolation with other peoples in the community. Therefore those who are HIV positive will continue transmitting to non infected ones. One respondent asked the researcher:

“In this appearance if you are not informed already, would you be able to detect that I am among those individuals who live with HIV?”

Increase number of new HIV cases in the community has been highlighted as one of the consequences of HIV infection among married couples. This is due to the fact that when married couples are infected automatically increase the number of new cases of HIV in the community because married couples are not living in isolation with other peoples in the community. They do share everything with other members of the community including sexual relations since not all married couples are trustful to their couples. They further explained that, it is not easy to recognize a person who is HIV positive especially during early stages of infection. Therefore those who are HIV positive will continue transmitting to non infected ones.

4.4.6 Conflicts between Infected Couple(s) and their Relatives

15 out of 50 respondents said that, sometimes relatives increase problem and conflict by blaming one of the couples as to be the source of the problem instead of helping them.

One respondent lamented that:

“From the time we tested HIV positive, I am not in good terms with my husband’s relatives. They do blame me that I infected their brother.”

4.4.7 Increase Number of Street Children and Orphans

10 out of 50 respondents said that, the number of street children and orphans has increased due to increase number of parents and relative who die of HIV. To explain more on the intensity of the problem one respondent who is also expert patient said:

“Many orphans have joined street children’s clubs. Every Saturday we do have children club here.”

The increase number of homeless children has remarkable effect on the society since in most of cases those children being put on those centers they lack family care which is very important socialization agent for making an individual to adhere to norms and value of the society. Therefore, the increase number of homeless children will be composed of norm less and valueless people and may lead to unstable society.

4.4.8 Reduction of Human Resources

10 out of 50 respondents said that, HIV infection among couples has greatly reduced the number of skilled labor and non-skilled labor. Also many innocent children who got infection through mother to child transmission have died in large number.

One respondent said:

“Potential persons are dying as well as new generation”.

Married people almost all belong to productive and reproductive segment of the population, hence morbidity and mortality of this group has unbearable economic, demographic and social consequences from the family level to the country at large. From the research findings, majority of couples explained that, HIV transmission has

brought serious problem in the society. Among of major effect is loss of man power from family level to national level.

The findings show that, majority of families have lost their potential relatives and many families have been disintegrated and result into an increase of homeless children and orphans in the society. The number of street children and orphans has increased due to increase number of parents and relative who die of HIV.

4.5 Ways to Control Extramarital Sexual Affairs Among Married Couples

From the research findings, most of respondents explained that, it is possible to control extramarital sexual acts among married couples if serious measures and interventions are carried out by individuals, families and the community at large. Through thematic data analysis, the researcher identified six suggestions on what to do in order to control extramarital sexual affairs among married couples. Proper premarital counseling 35 respondents, Behavioral change communication 32 respondents, Poverty reduction strategies in families 30 respondents, Anti-adultery Laws 25 respondents, Community health education on transmission of HIV 18 respondents and Anti alcoholism policies and Laws 15 respondents.

Table 4.5: Measures to Control Extramarital Affairs among Married Couples

	Measures	Respondents
1.	Proper premarital counseling	35 out of 50
2.	Behavioral change communication	32 out of 50
3.	Poverty reduction strategies in families	30 out of 50
4.	Anti-adultery Policies and Laws	25 out of 50
5.	Community health education on transmission of HIV.	18 out of 50
6.	Anti alcoholism Laws	15 out of 50

Source: Researcher, (2016)

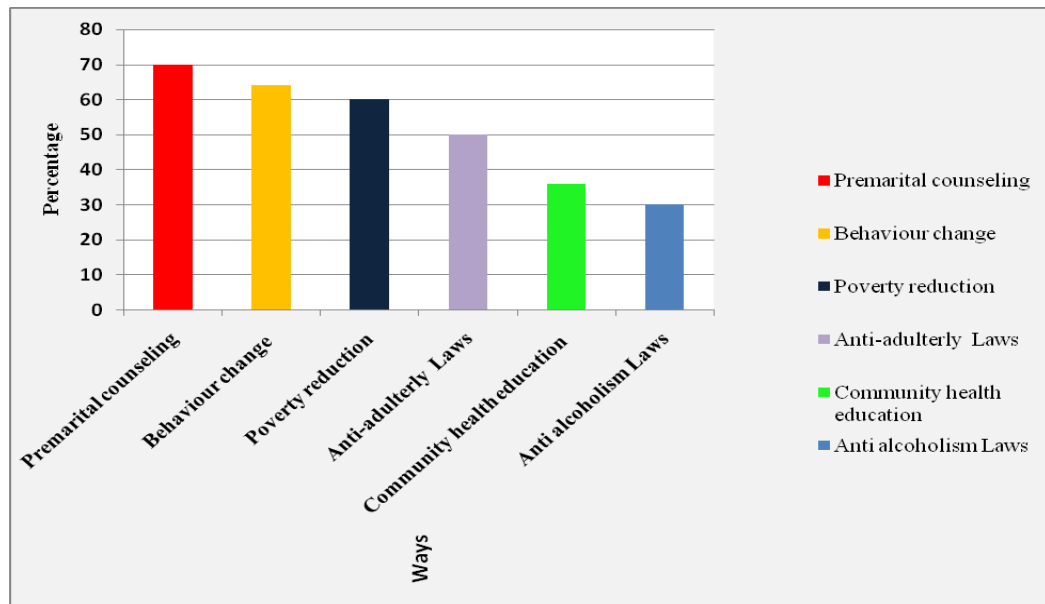


Figure 4.7: Measures to Control Extramarital Affairs among Married Couples

Source: Field Data (2016)

Furthermore, the researcher asked respondents to describe and clarify their responses as presented below:

4.5.1 Proper Premarital Counseling

35 out of 50 respondents said that, premarital counseling is very important to help couples prepare for marriage. It can help ensure that partners have a strong, healthy relationship giving them a better chance for a stable and satisfying marriage. They further said that premarital counseling can also help individuals wishing to marry each other to identify weaknesses that could become problems during marriage and find solution before engaging into wedlock. This will help to minimize or avoid unnecessary matrimonial conflicts due matrimonial incompatibility.

One respondent lamented that:

“the youths of nowadays don’t want to be advised on matters related to their fiances, individuals can meet one time at the market, establish their relationship in one or two days then go to their parents or church leaders claiming that they want to marry each other“

Another respondent said that:

“you cannot marry someone after meeting with him or her for just a day”

They strongly suggested that premarital counseling is very important if we are to help couples live a happy marriage life without cheating, without hate in future and increase chances of social tolerance among themselves. Premarital counseling can help ensure that partners have a strong, healthy relationship giving those better chances for a stable and satisfying marriage. Premarital counseling can also help couples to identify weaknesses that could become problems during marriage. This is due to the fact that premarital counseling is educational and will help couples learn the skills they will need to support them in having a happy, healthy and lasting marriage.

The belief behind premarital counseling is that it is necessary to encourage the strength of a marriage before it takes place and to prepare and anticipate challenges and conflicts that could arise in the marriage in the future. Premarital counseling will help a couple to identify and communicate about their fears, desires, beliefs, values, dreams, needs, and other issues and baggage that was previously avoided or denied, never discussed before.

4.5.2 Social and Behavioral Change Communication (SBCC)

32 out of 50 respondents suggested behavioral change strategies and interventions can help people to change their sexual behaviors hence prevent married couples from becoming infected by HIV. Some respondents recommend that the government should intervene to help people change their life styles as far as sexual issues are

concern by using behavioral change agents such as social workers and health services providers. Respondents suggested that behavioral change can lead couples to be faithful to their marriages and this can help to control HIV transmission.

One respondent said:

“if individuals in marriage change their sexual behaviors and be trustful to each other, they could not face this deadly disease”.

The fact that human nature toward preference of multiple sexual partners was pinpointed by majority of respondents to be the influencing factor for extramarital sexual affairs hence leading to HIV transmission among married couples. Social behavior change communication has been suggested as a remedial for this. According to UN Population fund, “behavior change communication is an interactive process of any intervention with individuals, communities and/or societies (as integrated with an overall program) to develop communication strategies to promote positive behaviors which are appropriate to their settings”. Social behavioral change communication if conducted properly will provides a supportive environment which will enable people to initiate, sustain and maintain positive and desirable behavior outcomes (UN PF, 2002).

4.5.3 Poverty Reduction Strategies in Families

30 out of 50 respondents stated that poverty is the major driving force for many women to engage themselves into extramarital sexual affairs hence calls for the need of establishing poverty reduction interventions to help families particularly women empowerment. The issue of poverty among families is of great apprehension as far as Extramarital affairs and HIV infection is concerned. It has been noted that normally

due to financial problems and high levels of poverty in families, some married female couples are easily trapped by men outside their wedlock for sexual activities. Findings from this study has revealed that poverty and HIV infection are in correlation in the sense that when one couple decided to engage in extramarital sexual affairs there is a great chance of acquiring HIV infection. Poverty is the primary driving force behind women, married and unmarried becoming prostitutes or engages in extramarital affairs.

Respondents also suggested that married couples should involve fully in entrepreneurship in order to get money to cater for their needs hence reduce poverty.

One respondent said:

“I joined one of the SACCOS at my street and thanks to God I am getting something”.

Another female respondent explained that:

“if I have something to do to earn my living, one cannot seduce me to engage into sexual affairs out of my marriage”.

4.5.4 Anti-adultery Policies and Laws

25 out of 50 of the respondents elaborated that in Tanzania adultery is not a crime rather a mere moral wrong. This situation seems to pave a chance for many people to engage in adulterous activities as is not penalized by our available Laws as a criminal offense. For that being the case, there is a need of criminalizing adultery by enacting a Law specific for it. Other respondents said, along with anti-adultery Law there should also be formulated a policy to deal with adulterous activities.

One of the respondents said:

“if there were a Law criminalizing adultery or a strong policy to prohibit and deal with adulterous issues, then married couples will fear to engage into these extramarital affairs”

Another respondent posited that:

“adultery should be one of the serious crimes to be punished by the court, if this take over people will not even try to engage in extramarital affairs”.

4.5.5 Community Health Education on Transmission of HIV

18 out of 50 respondents suggested that, extensive and progressive education on HIV in general is mandatory for all married and unmarried. They complained that, the current HIV health education is town oriented and most targeting unmarried individuals and other key population groups. One respondent argued that if married couples receive adequate information on the relationship between extramarital sexual affairs and HIV transmission they are likely to restrain from that business fearing to acquire the Virus.

One respondent said:

“You cannot believe, there are areas in this country, especially rural areas, where people do not know about HIV.”

It has been indicated by this research data that majority of couples have extra marital sex partners secretly and therefore HIV transmission among them is also occurs secretly but this become revealed after secret testing, development of HIV/AIDS or the birth of a child with HIV infection from infected mother. Health education concerning the use of condoms in marriages as the control measures of HIV transmission among married couples is of paramount importance.

Couples should be educated on safe sex and safe way of having a babies, for example when couples need a baby they should test first for HIV, if they will be negative, the woman will conceive and immediately they will resume to the use of condom. This habit will be helpful than mere believing that there is trustfulness while there is no such situation in marriage life. This decision need strong commitment and abolishes the long standing concept of majority who believe that trustfulness prevails among married couples. Although the use of condoms has been in challenge from various people and some religion institutions, but the use of condoms to married couples and other people for the control of HIV, condoms remains vital in control of transmission of HIV among the society.

The issue of condom use as proper measures for HIV control among couples and all people in general has been on a hot debate and worse enough some criticisms come from government officials, though the truth remains that the constant use of condom would reduce the transmission of the disease. Zambia country report on monitoring the declaration of commitment on HIV AIDS (2006) reported on different view on condom use.

Fredric Chiluba (X-Zambian president) said:

“I don’t believe on condom myself because it is a sign of weak moral on the part of the user.”

In a real sense, people are weak and the human nature behavior of having different sexual partners is still there and only few of them can manage to remain trustful to their partners as Kahabi’s report findings revealed from Christians in Shinyanga region that among married couples, 73.1% do practice sex out of their marriages.

On the other side, Chris Zimba of youth change impact in Zambia argued that; “We do appreciate the very important role the church continued to play in building good moral values in our society and its active roles in homes based care; according to his view the church could do even more if it stops treating condoms as an instrument of immorality but a life saving device” Zimba’s ideas support the research findings on the use of condom as an alternative measure. While different interventions are designed to reduce extramarital acts among couples, it is the right time also that condoms use in marriages should be encouraged if the society has decided from the inner heart to control HIV transmission among married couples and the society as whole.

Although religious leaders and other people do criticize condom use, but large number of their followers have been doing extramarital sex and risk themselves to HIV infection as identified by Kahabi’s research on the altitude and practice of condom use among Christians in Shinyanga where the research findings showed that more than three quarter (75%) have extra marital lovers and are at high risk of acquiring HIV (Kahabi, 2011).

Therefore, the routine use of condoms among married couples will reduce and control HIV transmission among married couples regardless the challenges that face the use of condoms now days. It is better to advocate condom use to save lives of adults as well as saving lives of mother to child HIV transmission than insisting on moral while lives of people are jeopardized by a rampant HIV transmission among societies.

4.5.6 Establishment of Anti-Alcoholism Policies and Laws

15 out of 50 respondents suggested that, couples should stop alcoholism because a drunkard person never becomes reasonable in his or her decisions pertaining sexual behavior. The alcoholic couple cannot use condom and easy going. Also, some respondents explain that alcoholism is not a punishable offense by the Law in Tanzania. Due to the fact that it is sometime difficulty for some one to stop drinking excessively, then there is a need to enact a Law or formulate a policy to deal with alcoholism. This will force individuals to drink responsibly. One respondent said:

“Alcoholism is a devil”. Another female respondent said “my husband used to drink almost every day from morning till evening, so if there are laws to criminate alcoholism people will fear to drink excessively even during working hours”

4.6 Synopsis

This study scrutinized the role of extramarital sexual affairs as a contributing factor to HIV infection among married couples and the society as a whole; an issue that has not been considered adequately in HIV/AIDS sensitization campaigns. The study has revealed that human behavior, poverty, matrimonial conflicts, alcoholism, sexual dissatisfaction, staying away from partner for a long time and polygamy are the main factors which lead to extramarital sexual affairs. These factors influenced by the theory of unlimited sexual freedom, which advocates from the freedom of sexual practices among individuals.

Regarding the consequences of HIV infection among couples, the study identified increased mother to child HIV transmission, poverty, psychological and emotional problems, family disintegrations, increase in new HIV cases in the society, conflicts between infected couple(s) and their relatives, increase in the number of street

children due to death of parents and reduction of man power as most severe consequences. Further, the study recommend that premarital counseling services, social and behavioral change communication programs and poverty reduction interventions in families can help to reduce this problem. It was again suggested that establishment of anti-adultery laws, community health education on HIV infection in marriages, and anti-alcoholism policies can help to reduce extramarital sexual affairs and decrease the rate of HIV infection among married couples.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The findings have showed that, human nature's behavior towards multiple sexual partners contribute much on extramarital sexual affairs among married couples leading them to acquire HIV infection. It has been also identified that, very few married couples can outweigh their human nature desire and remain with a single sexual partner. Other issues identified by this research as influencing factors towards extramarital affairs include poverty, everlasting matrimonial conflict, staying away from one's couple, polygamy and sexual dissatisfaction. In most cases, the practice of extra marital sex is secret and prevails among them for the long time unnoticed. Due to these facts, it is difficult for married couples who are normally attracted to extra marital sexual practices to avoid such long chain of HIV transmission.

The research has revealed various consequences associated with HIV infection among married couples. Once married couples become infected they face a lot of life challenges in their day-to-day life with their children and other family members. These consequences according to the findings include mother to child transmission, family disharmony, poverty, and increased new cases of HIV infection in the community and loss of family and community manpower. The majority of respondents recommended that, to control the problem of extramarital affairs and HIV infection among married couples proper premarital counseling, poverty reduction interventions, HIV health education in marriages, establishment of anti-adultery Law and anti-alcoholism policies can help.

Along with those interventions, constant and correct condom use would control and reduce consequences, which would be caused by HIV transmission among married couples. It should be taken into consideration that, there is very low degree of what is called “faithfulness” in most of marriages in the society. Therefore, apart from a lot of challenges on the use of condoms from different people including religious leaders still, the fact remains that, routine and appropriate use of condom will help to reduce HIV transmission among married couples and the entire society.

5.2 Recommendations

5.2.1 Establishment of Social Counseling Centers

The government and NGO’s should establish Counseling Centers to offer counseling services to needy people including premarital counseling services. Premarital counseling is very important to help couples prepare for marriage. It can help ensure that partners have a strong, healthy relationship giving them a better chance for a stable and satisfying marriage. Premarital counseling can also help individuals wishing to marry each other to identify weaknesses that could become problems during marriage and find solution before engaging into wedlock. This will help to minimize or avoid unnecessary matrimonial conflicts due to matrimonial incompatibility.

5.2.2 Establishment of Social and Behavioral Change Communication (SBCC) Programs

Social and behavioral change communication is an educational and informational approach, which can help individuals to change their behavior towards deeds that

have negative effects to their lives. Social and behavioral change interventions can help people to change their sexual behaviors hence prevent married couples from becoming infected by HIV. The government through social welfare department in collaboration with NGO's involved in social work should establish SBCC programs towards helping individuals to change their life styles as far as sexual issues are concern by using behavioral change agents such as social workers and health services providers.

5.2.3 Establishment of Poverty Reduction Strategies in Families

Poverty has seen as one of the major driving force for many women to engage themselves into extramarital sexual affairs. This calls for the need of establishing poverty reduction programs to help families particularly women empowerment. If women are economically empowered they can't be easily engaged in extramarital sexual affairs.

5.2.4 Development of Anti-adultery Policies and Laws

As it has been stated earlier in this research that in Tanzania adultery is not a crime rather a mere moral wrong hence many people engage in adulterous activities as is not penalized by our available Laws as a criminal offense. For that being the case, the government through our parliament should enact a Law for criminalizing adultery and or formulating a policy to deal with adultery issues.

5.2.5 HIV Health Education Program for Married Couples

Many people think that being in marriage can help them from being infected by HIV. Currently many anti HIV campaigns are Urban based and target key population

groups including singles leaving aside married couples. According to the current trend of increased rate of HIV infection among couples, there is a need for establishment of extensive and progressive Health education on HIV infection and prevention in marriages.

5.2.6 Establishment of Anti-Alcoholism Policies and Laws

The effect of alcoholism towards sexual behavior cannot be overemphasized. Again, along with other approaches the government should think of enacting a Law to criticize excessive alcohol consumption and or formulate a policy to regulate alcohol consumption. This will force individuals to drink responsibly hence minimizing the risk of poor decision making towards sexual desires.

5.2.7 Condom use in Marriages

The routine use of condoms among married couples regardless their HIV status should be encouraged countywide. The religious leaders should collaborate with other stakeholders to find the appropriate way to reduce HIV transmission in the society particularly the use of condom among their followers.

This should be focused from the truth that majority of followers have failed to remain with single sexual partners though they have officially married basing on their religious beliefs and in reality they violate their religious doctrines. It is better to remain with devotees who use condoms than having more deaths of devotees. Religious leaders should not be fundamentalists on condom use since their followers have different behavior and diversity is inevitable in the society.

5.3 Areas for Further Research

Due to limitations in scope and time constraints, it was not possible to address all key areas. Outside, but related to, the focal points of this study. The research has, however, identified some key areas, which should be examined further by other researchers. Research should be carried out extensible to cover large number of participants. Also a research is needed to include not only PLWHA but also healthcare workers who seem to have valuable contribution on the subject matter. A research also is required to involve other community members other than those living with HIV/AIDS to collect their views on the issue of extramarital sexual affairs as related to HIV transmission among married couples.

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APPENDICES

Appendix 1: Research Budget

This research was financed by the Open University Tanzania through its Sociology and Social work Department as per agreed staff sponsorship.

ACTIVITY		ESTIMATED COST TSHS.
Search of useful information	Literature Search, Books, Journals, periodicals, consultations	800,000.00
Training	2 Research Assistants (Key informants) meals & transport @ 10,000 x 2 days x 2	40,000.00
Data Collection	Conducting interviews using interview schedules and FGDs; meals & transport @ 10,000 x 3 x 20 days	600,000.00
Data collection devices	Audio recorder	120,000.00
Report	Production & Dissemination	1,000,000.00

Transport	Researcher @ Local trip 20,000/= x 60 days	1,200,000.00
Meals & Beverages	Researcher @ 10,000/= x 60 days	600,000.00
Stationary	Printing, photocopying, Pens, papers, pins	600,000.00
Contingency	10% of administration costs	400,000.00
TOTAL		5,400,000.00

Appendix 2: Research Activities Shedule

ACTION	2016 Jan	2016 Feb	2016 Mar	2016 Apr	2016 May	2016 June	2016 July
Proposal Preparation & Draft Submission							
Proposal Correction Submission & Departmental Presentation							
Data Search, Collection, Organization and Analysis							
Report writing and draft submission to supervisor							
Report Correction and final Submission							
Report Presentation							

Appendix 3: In-Depth Interview Guiding Questions

My name is MZUNGU, Jeddy. I am student at Open University of Tanzania, pursuing masters Degree in Social Work (MSW). I am conducting a research on the Factors contributing to Extramarital Sexual Affairs leading to increased rate of HIV infection among married couples, [A case of Singida Municipality]. The purpose of this interview is to collect data that will enable the researcher to get answers for the research questions.

The research is purely for academic purposes. You have been selected to participate in this research because you are potential to give the required information and let you be assured that the information you give will be treated as confidential and used for the purpose of this study only. I kindly request you to provide me with information. Thanks in advance.

In-depth interview guide questions:-

- 1:** What do you consider to be the factors responsible for extramarital Sexual affairs among couples?
- 2:** What are the perceived consequences in families brought about by HIV infection among couple (s)?
- 3:** What do you consider to be the preventive measures (solution) towards Extramarital sexual affairs among couples?

Appendix 4: Research Clearance Letter

THE OPEN UNIVERSITY OF TANZANIA
DIRECTORATE OF RESEARCH, PUBLICATIONS, AND POSTGRADUATE STUDIES

P.O. Box 23409 Fax: 255-22-2668759 Dar es
 Salaam, Tanzania,
<http://www.out.ac.tz>



Tel: 255-22-2666752/2668445 ext.2101
 Fax: 255-22-2668759,
 E-mail: drpc@out.ac.tz

23/02/2016,

To:

Regional Medical Officer (RMO)

P. O Box 104

Singida.

RE: RESEARCH CLEARANCE

The Open University of Tanzania was established by an act of Parliament no. 17 of 1992. The act became operational on the 1st March 1993 by public notes No. 55 in the official Gazette. Act number 7 of 1992 has now been replaced by the Open University of Tanzania charter which is in line the university act of 2005. The charter became operational on 1st January 2007. One of the mission objectives of the university is to generate and apply knowledge through research. For this reason staff and students undertake research activities from time to time.

To facilitate the research function, the vice chancellor of the Open University of Tanzania was empowered to issue a research clearance to both staff and students of the university on behalf of the government of Tanzania and the Tanzania Commission of Science and Technology.

The purpose of this letter is to introduce to you **Mr. Mzungu, Jeddy Kuyenga: PG201401217**, who is a Master student at the Open University of Tanzania. By this letter, **Mr. Mzungu, Jeddy Kuyenga** has been granted clearance to conduct research in the country. The title of his research is "**Extra Marital Sexual Affair; Critical for Increased Rate of HIV Infection among Married Couples**". The research will be conducted at Singida Regional Hospital. The period which this permission has been granted is from 24/02/ 2016 to 25/05/2015.

In case you need any further information, please contact

The Deputy Vice Chancellor (Academic); The Open University of Tanzania; P.O. Box 23409; Dar es Salaam. Tel: 022-2-2668820

We thank you in advance for your cooperation and facilitation of this research activity.

Yours sincerely,

Prof Hossea Rwegoshora

For: VICE CHANCELLOR

OPEN UNIVERSITY OF TANZANIA